

MISSOURI DEPARTMENT OF HEALTH AND SE STATE PUBLIC HEALTH LABORATORY

RECEIVED

BREATH ALCOHOL PROGRAM

By Carol Day at 7:21 am, Aug 05, 2016

THIOX EC/IR II				
Complete this report at the time of	the regular monthly	preventive maint	enance check (not	to exceed 35
days). Complete this report whenever	er the instrument is	serviced or repai	ired and whenever	it is placed
into service. Retain the original a		in 15 days to the	DATE OF INSPECTION	ogram, DHSS.
INTOX EC/IR II SN	NAME OF AGENCY		08/04/2016	
12676	FLORISSANT POLICE			
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION	
1700 US HWY 67 FLORISSANT			12:48 CDT	2 1 2 2
CHECKLIST: Place a mark in the box				
established limits. (Write in obser	ved values where det	ermined). Unmark	ced items must be o	corrected
before using instrument. X DIAGNOSTIC RECORD				
and a second		PRACT CUROV		
X BLANK CHECK		X CO2 CHECK		
X FC 1 TEMP		X FLOW CHECK		
X SRC TEMP		X FCB CHECK		
X DET TEMP		X CRC COMP CHE	CK	
X BT TEMP	X CRC CAL CHECK			
X STD 2 TEMP	X PRINT TEST			
Х ЕТН СНЕСК				
BREATH ANALYZER ACCURACY STANDA	DDG			
		PO COMPORCERO PO	THANOL-GAS MIXTU	D F
SIMULATOR SOLUTION				DATE 07/29/2017
terrors		LOT# AG521003		
SIMULATOR TEMP (34°C ±0.2°C)	SIMULA	TOR S/N	SIMULATOR EXP	DATE
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO B	E USED PER MAIN	renance report)	
Run_three_tests_using_a_stand				% of the standard value
and-must-have a spread of .00	5-or less. Mark	the box correspond	onding_to_the_st.	andard_solution_being
used. (PRINTOUT ATTACHED)				
X 0.10% STANDARD - MUST READ				*
0.08% STANDARD - MUST READ				
0.04% STANDARD - MUST READ	BETWEEN 0.038% AND	D 0.042% INCLUS	IVE	
bend .				
TEST 1 🤏 0.099 g/210L	TEST 2 🦥 0.099	g/210L	TEST 3 🤏 0.09	9 g/210L
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLLO	WING RANGES SING	CE THE LAST MAIN	TENANCE REPORT:
REFUSALS 2 004 1	.0509 1	.1014 0	.1519 1	OVER .19 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE	RATION OR MODIFICATION	THAT WAS MADE TO RE	STORE THE INSTRUMENT	TO OPERATE
SATISFACTORILY AND WITHIN ESTABLISHED LI	MITS (USE OTHER SIDE I	F NECESSARY).		
INSPECTING OFFICER				
SIGNAURE		PRINT FUEL NAME		
	HOWARD, DANIE		EL	
	RATION DATE TELEPHONE NUMBER			
	0/2017	(314)831-700	0	
PROMITO ACTOR MADE PROCES A	O (TUE)			
RETURN COMPLETED REPORT T		_E 111 =13	l domina domini -	0.5
Breath Alcohol Program, Miss				es,
Southeast District Office, 2	875 James Blvd,	Poplar Bluff,	MO 63901	



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

Customer Name
Exclusive Supplier
Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Test Date: 3-Aug-2015

Lot # AG521003 Model 108cacd

Exp. Date 29-Jul-2017 Cyl. Type 108 Component Ethanol Certified Concentration 0.100 ± 2% BrAC (272 ppm)

Nitrogen

Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.	Concentration .	Serial No.	<u>Concentration</u>
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209:0-ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2015,08,04 09:59:31 - 05:00 Reason: Dry gas standard certification of analysis Location: Afrgas USA LLC (Lab)

Analyst:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

DANIEL HOWARD

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

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DATE2/20/2015	white
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 250052	Dal Vasterly
EXPIRES 2/20/2017	Jacting director
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
MO 580-0771 (6-10)	LAB-4 (RG-10



The named cardholder is authorized to operate an evidential breath alcohol Instrument for the determination of the alcoholic content in breath form of expired air In Missouri.



Operator HOWARD, DANIEL

Permit No 250052

Date Issued 2/20/2015 Date Expires 2/20/2017